

October 23, 2009

FROM:

Los Angeles County **Board of Supervisors** 

Gloria Molina

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Michael D. Antonovich Fifth District

TO: **Each Supervisor** 

John F. Schunhoff, Ph.D. And Jumm

Interim Director

STATUS REPORT ON KEY INDICATORS OF SUBJECT:

> PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE **NEW LAC+USC MEDICAL CENTER – PROGRESS**

REPORT #22

John F. Schunhoff, Ph.D. Interim Director

Robert G. Splawn, M.D. Interim Chief Medical Officer

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the month of September 2009.

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#### Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of September was 589 out of 671 licensed beds, an estimated 86% utilization rate (88%) occupancy). The census for Medical/Surgical units was an estimated 95% utilization rate (97% occupancy) for September 2009. These are relatively unchanged from prior months.

#### www.dhs.lacounty.gov

### **Emergency Department (ED) Indicators**

During the month of September, most indicators in Attachment 1 have decreased slightly compared to August such as the Mean ED Boarding Time, ED Wait Time and Left Without Being Seen.

To improve health through leadership, service and education.

The volume of patients transferred out to both Rancho Los Amigos and private hospitals has decreased slightly. DHS is in final negotiations to complete the first private hospital contract for indigent transfers; a second negotiation is under way.

#### Additional Information Requested

www.dhs.lacounty.gov

On October 20, 2009, your Board instructed the Interim Director of Health Services to report back on: 1) implement all possible internal and external responses to avoid "severe" and "dangerous" overcrowding at LAC+USC Medical Center; 2) report on the findings of the Zero-Based Budgeting and Staffing Analysis and the current status of any implementation that has occurred; and 3) report on what actions are being taken at other County Hospitals to manage emergency room workload and what their workloads entail.

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DHS will report back on this motion in the next LAC+USC Progress Report in two weeks.

If you have any questions or need additional information, please contact Carol Meyer, Chief Network Officer at (213) 240-8370 or me.

JFS:CM:pm 811:003

#### **Attachments**

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

Operational Monitoring Report Reporting Period –Sept 2009

Indicator	Definition	Data ·	Comments
Indicator #1	– Trends in Average Dai	y Census and Hospital Operations Metrics	
1a. Average Daily Census (ADC)	ADC: A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean.  Calculation: Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month.  Source of Data: Affinity	ADC  ADC  Separation of the content	ADC provided as background information.

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Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dai	y Census and Hospital Operations Metrics	
1b. Occupancy Rate LAC+USC Medical Center	Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period.	1. Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600  Med Center Census - Newborns / 600  Med Center Census - Newborns / 600  80% - 72% - 77% - 80% - 83% - 84% - 84% - 85% - 8	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.
	Calculation: The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds.	20% - Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep '08 '08 '09 '09 '09 '09 '09 '09 '09 '09 '09 '09	
	Source of Data: Affinity  Target: 95%	80% 78% 82% 85% 85% 85% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80	

Indicator	Definition	Data	Comments
		3. Healthcare Network Budgeted Occupancy Med Center Census + Newborns + Psych Hosp Census / 671  Med Center Census + Newborns + Psych Hosp Census / 671  85% 85% 85% 85% 85% 85% 85% 87% 88% 87% 80% 70% 77% 82% 83% 85% 85% 85% 85% 85% 85% 85% 85% 87% 80% 70% 70% 70% 70% 70% 70% 70% 70% 70% 7	
		Medical Center = New Facility  Healthcare Network = New Facility + Psychiatric Hospitals	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2a.  Median Emergency Department Boarding Time (EDBT)	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).	Median EDBT  8:24 7:12 6:00 8:23 8:38 7:38 7:38 8:38 8:38 8:38 8:38 8:3	
*Harris Rodde Indicator	Calculation: The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values.	2:24 - 1:12 - 0:00	
	Source of Data: Affinity Target: Less than 7 hours.	Sep '09 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator	Definition	Data  Median Boarding Time (Adult)*  8:24 7:12 6:00 Pec, 02 10 10 10 10 10 10 10 10 10 10 10 10 10	Comments
	·		

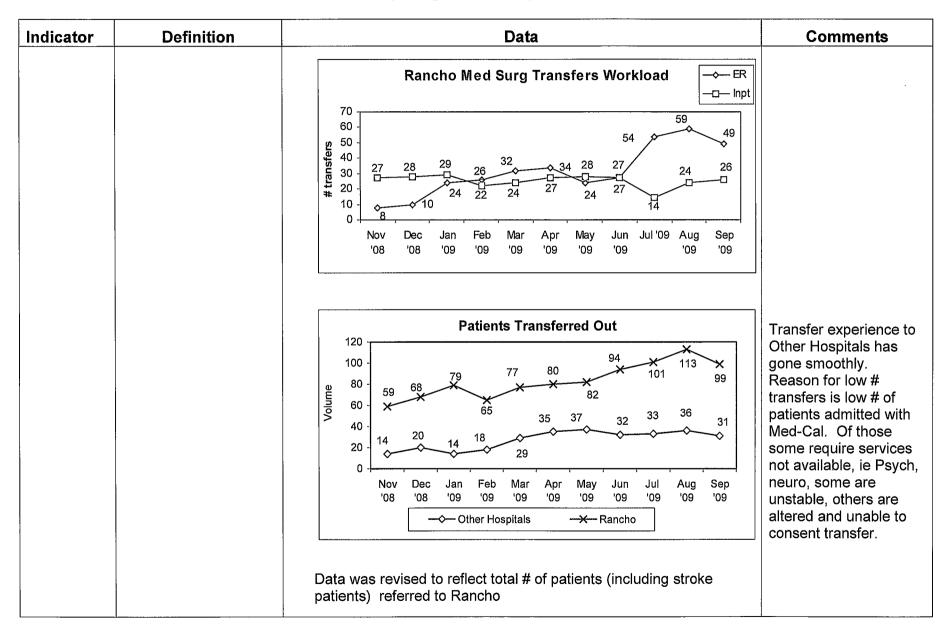
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2b. ED Wait Time	ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean.  Definition: Sum of all wait time values during the monthly reporting period divided by the total number of values.  Source of Data: Affinity  Target: No target value. Lower numbers are better.	Average ED Wait Time  14:24:00  09:36:00  07:12:00  04:48:00  02:24:00  Adult Peds Total  Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients  Total ED Wait time: *Excludes Psych, Observation Unit, and Jail Sep '09 data is Preliminary data	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2c. Left Without Being Seen (LWBS)	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.	2500 - Left Without Being Seen 2000 - 18% - 16% - 14%	
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis.  Source of Data: Affinity Target: No target value. Lower numbers are better.	1500 1000 1000 1000 1000 1000 1000 1000	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2d. ED Diversion	ED Diversion: A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis.  Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month.  Source of Data: ReddiNet	Diversion of ALS Units due to ED Saturation  TO	This is slightly lower than the before move diversion history which generally ranged between 50-60%.  Key points:  Diversion is for paramedic runs only; Basic Life Support ambulances still arrive.  When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".

Indicator	Definition		Comments		
<b>2</b> e.		Surge reporting for month	of Sep '09		
Surge Report		Level	% distribution	Hours	
		Dangerously Overcrowded	9.4%	68	
		Severely Overcrowded	36.7%	264	
		Overcrowded	30.6%	220	
		Extremely Busy	21.1%	152	_
		Busy	0.8%	6	
		Not Busy	0%	0	
		This level mandates standard  Second and third levels are Bl respectively). Activities include  The fourth level is Orange ("Or to ED Saturation (ambulance of hospital also occurs, such as if discharges, etc.  The fifth level is Red ("Severel bed capacity protocols, transfel leadership notification, bed hu  The sixth level is Black ("Dang of overcrowding and activates	ue and Yellow ("Buse closing to outside la vercrowded") which diversion). A variety ncreasing transfers of the control of the	sy" and "Extremel ateral transfers.  is analogous to be of activities throut to Rancho, expectation implements a ter hospitals, hospice operation meter.). This is the hispitals are the sed").	peing closed aghout the diting advanced pital easures.

Indicator	Definition		Data			Comments
Indicator #3	– Trends for Patient Dive	ersions and Transfers & #4	– Transfers	to Rancho Los	Amigos Metrics	3
3. & 4. Rancho	Transfers: The volume of patients transferred to RLAH for	Month of Sept Referrals from ER:				
Amigos Hospital	acute hospitalization		Med/Surg	Acute Stroke	Total	
	from the Emergency Department and from	# Met transfer criteria	60	NA	-	
Transfers	Inpatient Units.	# Referred to RLAH	60	23	83	
	Data Carria	# Transfers	49	23	72	
	Data Source: Manual record keeping.	# Denied	1	NA	_	
	. •	# Cancelled	10*	NA	-	
	Cancelled category	# Patients refused*	6	NA	-	
0	includes patients who's condition changed leading to higher level	Referrals from Inpatients	<u>:</u>			
	of care or discharge home.		Med/Surg	Acute Stroke	Total	
		# Met transfer criteria	47	NA	-	
		# Referred to RLAH	40	1	41	
		# Transfers	26	1	27	
		# Denied	12	NA		
		# Cancelled	7*	NA		
		# Patients refused*	2	NA		
		Other /Pending	2	NA		



Indicator	Definition	Data	Comments
Indicator #5	– Harris Rodde Indicator	s	
5. Average Length of Stay	LOS: The difference between discharge date and the admission date or 1 if the 2 dates are the	ALOS  7 6.5 6.5 6.5 6.6 5.6 5.6 5.6 5.6 5.7 5.7 5.7 5.8 5.8 6.0 6.0 5.9 5.7 5.7 5.8 5.8 6.0 6.0 5.9 5.7	Overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in
(ALOS)	Total LOS:  Calculation: ALOS is the arithmetic mean calculated by	5.5 5.6 5.6 5.6 5.6 5.6 5.6 5.6 5.6 5.6	2008. Immediately prior to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. This trend may continue
*Harris Rodde Indicator	dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.	3	depending on number of transfers.
	Source of Data: Affinity	*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation	
	Target: <5.5 days		

diatric Metrics Census: The total number						
					-	
The total number	<b>5</b> 4					
admitted pediatric	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
nidnight of a	Nov-08	56%	54%	50%	33%	
lesignated pediatric vard.	Dec-08	52%	60%	60%	40%	
Occupancy:	Jan-09	52%	68%	70%	75%	
The total number of	Feb-09	50%	80%	80%	85%	
admitted pediatric	Mar-09	57%	72%	70%	80%	
he total number of	Apr-09	57%	60%	60%	75%	
icensed beds on that	May-09	62%	72%	70%	80%	
unit and reported as percentage.	Jun-09	60%	64%	60%	75%	
	Jul-09	57%	72%	60%	80%	
Source of Data:	Aug-09	55%	64%	60%	80%	
	Sep-09	55%	68%	70%	80%	
rotari	npatients at 12:00 AM nidnight of a lesignated pediatric vard.  Occupancy: The total number of idmitted pediatric inpatients divided by the total number of censed beds on that unit and reported as	propatients at 12:00 AM nidnight of a lesignated pediatric ward.  Dec-08  Dec-09  Dec-	patients at 12:00 AM nidnight of a lesignated pediatric ward.  Dec-08 52%  Dec-08 52%  Dec-08 52%  Dec-08 52%  Feb-09 50%  Mar-09 57%  Mar-09 57%  Apr-09 62%  Jun-09 60%  Jun-09 60%  Jun-09 57%  Aug-09 55%  Aug-09 55%	patients at 12:00 AM nidnight of a lesignated pediatric ward.  Dec-08 52% 60% 54% 52% 60% 60% 60% 60% 60% 60% 60% 60% 60% 60	Propatients at 12:00 AM midnight of a lesignated pediatric ward.  Dec-08 52% 60% 60% 60% 60% 60% 60% 60% 60% 60% 60	Beds   Beds   Beds   C20 Beds